

Select the appropriate office location

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive,Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue, Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive,2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street, Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street,Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific st
Monterey, CA 93940

South San Jose
393 Blossom Hill Road,Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue,Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

Please print legibly or download online at www.californiaskininstitute.com, complete, print, and submit upon arrival at your office visit

Patient Name

Last Name

First Name

Middle Name

Address

Street

Apt/Unit#

City

State

Zip Code

Telephone

Home (xxx) xxx-xxx

Work (xxx) xxxx-xxxx

Mobile (xxx) xxxx-xxxx

Check the preferred number for us to use

Email

xxxxxxx@xxxxxx.com

Marital Status

Single

Maried

Widow

Divorced

Partnered

Employer

Employer Name

Employer Address

Patient's DOB

Age

Gender

M

F

xx/xx/xxxx

Social Security Number

Emergency Contact

Full Name

Relationship to Patient

Phone Number (xxx)xxx-xxx

Primary Care Physician

Last Name

First Name

Phone Number (xxx)xxx-xxx

Referring Physician

If you were not referred by a physician, please tell us how you heard about our office?

Mailing

Internet

Word of Mouth

Yellow Pages

Advertisement

Radio

TV

Seminar

If Patient is Minor Under 18 Years Old

Father's Name

Father's Daytime Phone

Mother's Name

Mother's Daytime Phone

Primay Insurance

Secondary Insurance

Insurance Company Name

Insurance Company Name

Subscriber's Name if Different from Patient

Subscriber's Name if Different from Patient

Subscriber's Date of Birth

Subscriber's Date of Birth

Subscriber's ID Number

Subscriber's ID Number

Group Number

Subscriber's Birthdate

Please indicate Subscriber's Relationship to Patient Below

Group Number

Subscriber's Birthdate

Please indicate Subscriber's Relationship to Patient Below

Self

Spouse

Father

Mother

Partner

Other

Self

Spouse

Father

Mother

Partner

Other

Signature:

Date



Select the appropriate office location

Patient Medical History Form

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive, Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive, 2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street, Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific st
Monterey, CA 93940

South San Jose
393 Blossom Hill Road, Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue, Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

Are you in good general health now ? Yes No

Have you ever had any of the following ?

Asthma	Yes	No	Diabetes	Yes	No
Chronic Hay Fever	Yes	No	Internal Cancer	Yes	No
Hives	Yes	No	High Blood Pressure	Yes	No
Sinus Problems	Yes	No	Heart Trouble	Yes	No
Migraines	Yes	No	Rheumatic Fever	Yes	No
Eczema	Yes	No	Jaundice/Hepatitis	Yes	No
Boils	Yes	No	Kidney Diseases	Yes	No
Food Allergies	Yes	No	Glaucoma	Yes	No
Allergy to Local Anesthetics	Yes	No	Epilepsy	Yes	No
Bleeding Tendency	Yes	No	Tuberculosis	Yes	No
Ulcer	Yes	No	Organ Transplant	Yes	No
HIV Infection	Yes	No	Joint Replacement	Yes	No
Do you smoke ?	Yes	No	Do you take blood thinners? e.g. Aspirin, Advil, Ibuprofen, Motrin?	Yes	No

Women only, please answer the following

Are you pregnant ? Yes No Do you take birth control pills? Yes No

If yes, your expected delivery date

If yes, what brand ?

Are you currently breast feeding? Yes No

What diseases, if any, run in your family?

Have you ever been treated for skin cancer? Yes No

List all prescription and non-prescription medications you are now or have recently taken for any problem (including your skin):

If you are allergic to any medication, please list them

Have you ever taken Penicillin? Yes No

Did you have a reaction to it? If Yes No

so, describe reaction:

Previous skin problems? Please describe below:

Serious illness? Please describe below:

Any hospitalizations? Please describe below:

Any surgeries? Please describe below:

Patient's Printed Name:

Date

Select the appropriate office location

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive, Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue, Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive, 2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street, Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street, Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific St
Monterey, CA 93940

South San Jose
393 Blossom Hill Road, Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue, Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

II Patients, Please Read and Sign:

This form is required to allow us to evaluate and treat you, and to bill and communicate with your insurance company.

I authorize the California Skin Institute to conduct examinations, and perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable.

The California Skin Institute is hereby authorized to release a complete report of services rendered, diagnosis, findings and details of treatment and progress for the purpose of receiving payment for such services rendered. Recipients of such information may include authorized billing agents, insurance carriers, employer's workers' compensation insurance company, other third party payers, the Social Security Administration under Title XVIII (18) of the Social Security Act, Professional Review Organizations or other Intermediaries responsible for payment of services rendered. The release of information consent may be revoked at any time by giving written notice. If release of information is refused, the patient will be held responsible for payment of all charges for services rendered.

In consideration of medical goods and services provided by the California Skin Institute, I give all rights, title and interest to the medical/surgical/supply reimbursement in accordance with the terms and benefits of the patient's insurance policy or other health benefit including Medicare Part B. I remain fully responsible for payment of any and all charges not covered by insurance.

I have read the above acknowledgment and authorization. I understand the terms and conditions outlined herein as confirmed by my signature below.

Patient or Responsible Party's Signature:

Date Signed

Patient's Printed Name:

Patient's Age *

* NOTICE: If patient is a minor (under 18 years of age) the parent of responsible party must complete and sign the Consent for Treating of Minor Form.



Patient Assignment of Benefits

Select the appropriate office location

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive, Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue, Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive, 2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street, Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street, Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific st
Monterey, CA 93940

South San Jose
393 Blossom Hill Road, Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue, Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

All Patients, Please Read and Sign:

This form is required to allow us to bill and accept direct payment from your insurance company or other payer.

California Skin Institute will bill all primary and secondary insurances, but I am ultimately responsible for payment for the services and any supplies/equipment I receive.

I hereby assign to California Skin Institute AMC any insurance or other third party benefits available for healthcare services provided to me. I understand that the California Skin Institute (CSI) has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to the California Skin Institute, I agree to forward to the California Skin Institute all health insurance and other third party payments that I receive for services rendered to me immediately upon receipt.

I understand that my signature requests that payment be made directly to the California Skin Institute. I authorize release of medical information necessary to pay the claim.

A photocopy of this assignment is to be considered as the original.

I have read and agree with the above Patient Assignment of Benefits. I understand the terms and conditions outlined herein as confirmed by my signature below

Patient or Responsible Party's Signature:

Date Signed

Patient's Printed Name:

Patient's Age *

* NOTICE: If patient is a minor (under 18 years of age) the parent of responsible party must complete and sign the Consent for Treating of Minor Form.

Select the appropriate office location

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive, Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive, 2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street, Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific st
Monterey, CA 93940

South San Jose
393 Blossom Hill Road, Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue, Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

All Patients, Please Read and Sign

This form describes the Financial Policy of California Skin Institute, which governs how we handle the financial aspects of the care, treatment, supplies and other service you receive here.

Thank you for choosing the California Skin Institute, AMC as a healthcare provider. We are committed to your treatment being a successful experience. Our Medical and Business Office staff members will work very hard to make sure that your paperwork is filed accurately and promptly. Because most of the data we have relative to you comes from you, please help us maintain accurate records by filling out forms legibly, and letting us know whenever important data changes (like your address, telephone number[s], any changes in your name, your medical insurance, etc.). When paying for services, supplies, etc., we are able to accept all valid MasterCard, Visa, American Express, Debit Cards, Checks and Cash.

Insurance and Insurance Collection

We will attempt to bill whichever insurance you have advised us of as a courtesy. Please understand that insurance reimbursement can be a long and difficult process for medical providers AND patients. There are instances when insurers will stall, deny, pend, spend weeks and months reviewing claims, and then reduce or deny any reimbursement offered. Our billing staff has undergone extensive training to maximize your insurance reimbursement while reducing the time in which they pay.

Non-contracted indemnity insurance plans/No insurance card

If you are unable to present an insurance card at the time of service, or if you are covered by an insurance company with which we are not contracted, we require that you pay for services in advance. If we are able to collect from your insurance company after you have fully paid your account, we will issue a refund. We will attempt to bill your insurance company using the information you have supplied to us as a courtesy. Our office, as a convenience and a service to you, will absorb all costs incurred for this billing. Please note that not all insurers agree to contract with us. In the event that your insurance does not reimburse us within ninety (90) days, we will transfer this balance to you as your responsibility and send you a statement. **MEDICAL** We are NOT Medi-Cal providers, and do not accept Medi-Cal. We do not accept any other State's Medicaid programs.

Know Your Plan Benefits - Non Covered Services are Your Responsibility

Each and every insurance company and plan, including Medicare, has different plans, each with different benefits. Because your health insurance is an arrangement between you and your insurer, you should understand what services are covered under your specific plan. Your insurer can assist you with any questions you have relative to your own benefits with them. Co-payments are due at the time of service. You should ask your insurer what that amount is and have it ready at the time of your visit. We may decline to see patients for non-emergent visits if co-payments are not made at the time of the visit.

Your California Skin Institute Physician may provide services that may not be covered as a benefit of your specific plan with your insurer. Patients or Guarantors are financially responsible for any and all services provided that may not be covered by your insurance plan. **It is your responsibility to know and understand your specific insurance plan and what benefits are provided.**

Select the appropriate office location

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive,Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive,2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street,Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific st
Monterey, CA 93940

South San Jose
393 Blossom Hill Road,Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue,Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

Some procedures you may undergo are best performed with the equipment, safety, and comfort that can be obtained in an Ambulatory Surgery Center (ASC) setting. A certified ASC must maintain the highest standards of safety and cleanliness to optimize any surgical outcome. Any ASC will have fees for the use of their space, supplies, equipment and personnel there. These "facility" charges may be handled in a variety of ways by insurance carriers. Please be aware that these charges are separate and apart from those fees charged by the physicians of the California Skin Institute. You should ask your insurer how your benefit plan will handle any out-patient facility/ASC charges.

Some procedures you may undergo here will involve removing tissue. This tissue must then be examined to determine what treatment course is best suited for you. To examine the tissue, it must be prepared to be placed onto a slide where it can be evaluated microscopically. That process involves cutting the tissue into smaller slices, perhaps staining it with certain chemicals, and then fixating it onto one or more slides. The charges for that process are known as Laboratory/Pathology charges and will appear on your bill if performed here. The physician who looks at the slide and provides his/her opinion based on those slides is known as the pathologist. There is a charge for that physician's professional opinion which is independent of the charge for preparing the actual slide.

HMO Plans

If your care and treatment here at the California Skin Institute is the result of a referral from your HMO plan and/or from your medical group or HMO provider, you should have a written authorization/referral from them. It is your responsibility to verify that your care and treatment is properly authorized by them in advance. Any co-pays required will be your responsibility at the time of each visit. This is a requirement of your insurer.

If you have a POS (Point-Of-Service) plan and wish to utilize the HMO benefit, you will need to obtain a written authorization/referral from your HMO plan and/or referring medical group, in advance of receiving treatment here. If that authorization is not in place, your insurer may handle the claim under your PPO benefits. PPO benefits may include a deductible, co-payment and co-insurance which would likely be your financial responsibility (see PPO PLANS described below).

California Skin Institute will not accept a retroactive authorization/referral except under unusual circumstances. These are handled on a case-by case basis with our Business Office. If you are not eligible with your insurer at the time services are rendered, you will be responsible for those charges.

PPO Plans

As a contracted provider, we have agreed to accept a discounted rate from your plan for covered services, however all co-payments, co-insurance and/or deductibles are your responsibility

Responsibility

Self-Insured/Union Plans

Your employer may be self-insured and use an insurance company (or other third party administrator: TPA) for administrative and claims processing services. This office has been thoroughly trained regarding this type of reimbursement however, in the event there is a problem we may need you to supply us with the name of your HR Director and/or your Benefits Manager. We may ultimately require your authorization to file a complaint with the Department of Labor and your administrator if need be.



Select the appropriate office location

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive,Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive,2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street,Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific st
Monterey, CA 93940

South San Jose
393 Blossom Hill Road,Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue,Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

Medicare

As a participating provider, we will bill your Medicare carrier. You are responsible for your annual deductible and the 20% co-insurance portion. We must collect this. We will be happy to bill any secondary (or tertiary) insurance you may have once we have been informed that you have such coverage in effect. If any balance remains once Medicare and these insurers have processed our claims, we will transfer responsibility for payment to you, and send you a statement.

Important reminder for Medicare enrollees: If you qualified for Medicare coverage and decided to enroll in a Medicare+Choice / Medicare Advantage plan (e.g. SecureHorizons, Blue Cross Senior Secure, SCAN) you may need to first get a referral from your Primary Care Physician (PCP) before a visit here will be covered. Please call the number on your new insurance card for information from that plan. Medicare enrollees with "original" Medicare coverage can be seen at California Skin Institute without a referral.

Secondary Insurers

Having more than one insurer DOES NOT necessarily mean that your services are covered 100%. Depending on your plan's benefits, the secondary insurers will pay as a function of what your primary insurer pays. We will bill your secondary insurer as a courtesy. You are responsible for any balances after your insurers have processed our claims.

Other Items

Divorce Decrees

California Skin Institute is NOT a party to any divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minor rests with the accompanying adult.

Minor Patients

The adult accompanying a minor and the parents (guardians) of the minor are responsible for full payment for services rendered to the minor patient. For unaccompanied minors, non-emergent or treatments unrelated to an ongoing care plan here will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at the time of service has been obtained or verified.

Returned Check Fees

There is a \$25.00 banking fee for all returned checks. This sum is used to offset the fees incurred by CSI from our financial institution. If your check is returned from the bank, we may NOT ACCEPT an additional check as payment on your account. Future payments must be made with cash, money order or credit card.

Promotional Coupons/Incentives

Some manufacturers offer certain discounted products and/or services. California Skin Institute may not honor or accept every coupon or manufacturer's offers as the terms and performance of the issuer may change. You are responsible for any goods and/or services you receive. Ask whether any coupons are still being honored before receiving services.

Collections/Pre-Collections

California Skin Institute will send you a statement after your insurers have been billed and your charges have been considered by your insurers. We charge interest of 1.5% (18% annually) on all outstanding balances after 30 days. If no payment is received here after 120 days, your account may be turned over to a collections service and a \$25.00 late payment/pre-collection fee will be added to your account to offset the administrative costs incurred when accounts are assigned for collection.

Select the appropriate office location

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive, Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive, 2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street, Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific st
Monterey, CA 93940

South San Jose
393 Blossom Hill Road, Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue, Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

Missed Appointments

There is a \$75.00 missed appointment fee if you cancel or re-schedule an appointment with less than 24 hours advance notice, or if you fail to arrive for your appointment. We utilize an automated call reminder service which will call a number you have given us 2 days prior to your appointment. Do not rely on this service as your only reminder to keep your scheduled appointment as we cannot guarantee that the call will absolutely be made, or that the number provided is accurate or functional for this purpose.

Forms

There is no charge for uncomplicated forms completed as part of an office visit. An uncomplicated form is one where you have completed all your portions, and the remaining information needed is less than 25 words or 3 typed/printed lines. You may need to wait for the form to be completed. There will be a charge for completing forms based on your medical records when it is not done at the time of an appointment. Fees for form completion vary on the type of form and the complexity/details required. You will be informed of the cost prior to completing the form and can decide whether or not to have us complete the form.

Records and Copying (You must first complete and sign a Release of Records form authorizing us to release your records. We cannot begin the process without this documentation).

There is a charge for copying medical records. There is a fee of 25 cents per page copied, plus reasonable clerical fees of \$24.00/hour (charged in quarter hour increments) which includes the time spent in locating acquiring and copying the actual records plus the actual postage fees. The records will not be sent until the fee is paid. These fees are set by the State of California (Health & Safety Code section 123110), not the California Skin Institute.



Select the appropriate office location

Patient Financial Policy

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive,Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive,2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street,Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific st
Monterey, CA 93940

South San Jose
393 Blossom Hill Road,Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue,Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

Acknowledgment and Signature

Thank you for your time in understanding this financial policy. It is our desire here at the California Skin Institute to serve your medical needs as well as we possibly can. By understanding the financial policy we utilize, we can make billing a non-issue and concentrate on providing you with the best possible care and treatment.

All patient information is confidential and subject to state laws including Confidentiality of Medical Insurance Act Section 56 of the California Civil Code and the Health Insurance Portability and Accountability Act (HIPAA) P.L.104-191. I have read the Financial Policy.

I have read and agree with the above Patient Financial Policy. I understand the terms and conditions outlined herein as confirmed by my signature below.

Patient or Responsible Party's Signature:

Date Signed

Patient's Printed Name:

Patient's Age *

* NOTICE: If patient is a minor (under 18 years of age) the parent of responsible party must complete and sign the Consent for Treating of Minor Form.

Select the appropriate office location

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive, Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive, 2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street, Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific st
Monterey, CA 93940

South San Jose
393 Blossom Hill Road, Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue, Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

If patient is a minor*, the parent or legal guardian must read, complete and sign the following form:

This form is required to allow us to evaluate, treat and bill for medical goods and services provided to a minor.

I consent to having California Skin Institute conduct examinations and perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable to the minor* child noted below.

I am an adult who is the:

Parent

Mother

Father

Printed Name of Parent/Guardian

Legal Guardian

Guardian

Contact Telephone Number

In my absence, I consent to having California Skin Institute conduct examinations and perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable to the minor* child noted below.

I would:

Like

Not Like

to be consulted prior to minor procedures such as mole removal, acne treatment and wart treatment.

Patient or Responsible Party's Signature:

Date Signed

Minor Child/Patient's Printed Name:

Patient's Age *

Witness Signature:

Date Signed

Witness Printed Name:

* Under 18 years of age



Select the appropriate office location

San Jose/Los Gatos
2420 Samaritan Drive
San Jose, CA 95124

Mountain View
525 South Drive,Suite 115
Mountain View, CA 95040

San Jose / O'Connor
2100 Forest Avenue, Suite 103
San Jose, CA 95128

Saratoga
18988 Cox Avenue Suite B
Saratoga, CA 95070

Los Altos
129 Fremont Avenue
Los Altos, CA 94022

Monterey/Ryan Ranch
9781 Blue Larkspur Lane, St Suite 100
Monterey, CA 93940

San Mateo
136 North San Mateo Drive,2nd Floor
San Mateo, CA 94401

San Francisco Lauriel Heights
3905 Sacramento Street Suite 201
San Francisco, CA 94118

San Francisco Pacific Heights
2100 Webster Street, Suite 318
San Francisco, CA 94115

Salinas
559 Abbott Street,Suite A
Salinas, CA 93901

Santa Cruz County
204 Green Valley Road
Freedom, CA 95019

Monterey
977B Pacific st
Monterey, CA 93940

South San Jose
393 Blossom Hill Road,Suite 290
San Jose, CA 95123

Daly City
1800 Sullivan Avenue,Suite 403
Daly City, CA 94015

Castro Valley
20055 Lake Chabot Rd Ste 150
Castro Valley, CA 94546

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Any questions regarding the Privacy Practices of the California Skin Institute should be directed to our Privacy Officer, George Davis.

He can be reached at 408-369-5600 x 288 or by email at George@caskin.com.

I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:

Signed:

Date

Print Name:

Telephone:

If not signed by the patient, please indicate relationship:

parent or guardian of minor patient

guardian or conservator of an incompetent patient

Name and Address of Patient: